

**COUNTY OF MOORE
NORTH CAROLINA**

REQUEST FOR PROPOSALS

ISSUE DATE: **November 2, 2015**

RFP#: **2016-05**

TITLE: **MEDICAL CARE SERVICES - DETENTION CENTER**

ISSUING DEPARTMENT:

**County of Moore
Financial Services
206 S. Ray Street
P.O. Box 905
Carthage, NC 28327**

Sealed Proposals will be received until **4:00 p.m., Thursday December 10, 2015** from qualified vendors for Medical Services for the Moore County Detention Center.

All inquiries for information concerning the Request for Proposals shall be directed to:

**Terra Vuncannon, Purchasing Manager
P.O. Box 905
Carthage, NC 28327
(910) 947-7118 (Telephone)
(910) 947-6311 (Fax)**

Proposals shall be mailed and/or hand delivered to the Issuing Department shown above and the envelope shall bear the name and number of this Request for Proposals. It is the sole responsibility of the Proposer to ensure that its proposal reaches the Issuing Department by the designated date and hour indicated above.

In compliance with the Request for Proposals and to all the terms and conditions imposed herein, the undersigned offers and agrees to furnish the services and install the goods described in accordance with the attached signed proposal.

Firm Name: _____ Date: _____

Address: _____ Phone: _____

_____ By: _____
(typed)

By: _____
(signed)

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INSTRUCTIONS TO PROPOSERS

1. **Sealed Proposals shall be submitted to the Issuing Department and include the enclosed Proposal Form.** In order for a proposal to be considered, it shall be based on the terms, conditions and specifications contained herein and shall be a complete response to this RFP. The County reserves the right to make an award in whole, or in part, and to reject any and/or all proposals, and to waive any informality in proposals unless otherwise specified by the Proposer. The Proposer shall sign the proposal correctly and proposals may be rejected if they show omissions, alterations of form, additions not called for, conditional proposals or any irregularities of any kind.
2. All labor costs, direct and indirect, shall have been determined and included in the proposal. The cost and availability of all equipment, materials, and supplies associated with performing the services described herein shall have been determined and included in the proposal. Do not include sales tax in proposal figures. The County pays sales tax and will add this to your proposal figures separately when invoices are paid. All price quotes shall include delivery to the delivery point, installation and set-up charges, as necessary. Goods shall be set in place ready for owner's use. All goods shall be new and of average quality. No remanufactured, refurbished or used goods will be accepted. Appropriate product information (e.g. brochures, catalog cuts, etc.) shall be included with the proposal.
3. After the RFP issue date, all communications between the Issuing Department and prospective Proposers shall be in writing. No oral questions shall be accepted. Any inquiries, requests for interpretation, technical questions, clarifications, or additional information shall be directed to Terra Vuncannon at the address listed on page one of this solicitation. All questions concerning this RFP shall reference the RFP number, section and page number. Questions and responses affecting the scope of the goods will be provided to all prospective Proposers by issuance of an Addendum. **All written questions shall be received by the Issuing Department no later than 10:00 am Monday November 16, 2015. NO EXCEPTIONS. All addendums pertaining to this RFP will be posted to the County website at www.moorecountync.gov within 24 – 48 hours after the deadline for questions and/or after the pre-bid conference. It is the Proposers responsibility to check the website for the addendums.**
4. The County will not be responsible for any oral instructions. Should a Proposer find discrepancies in, or omissions from the documents, or should be in doubt as to their meaning, s/he should at once notify the Issuing Department, and a written addendum shall be issued. Acknowledgement of any Addendum received during the time of the proposal shall be noted on the Proposal Form in the spaces provided. In closing of a contract, any Addendum issued shall become a part thereof. **It is the Proposer's responsibility to assure that all addenda have been reviewed and, if need be, signed and returned.**
5. Proposals will be examined promptly after opening and award will be made at the earliest possible date. The prices quoted must be held firm, and no proposals may be withdrawn

until **90 days** after proposal opening date. The County reserves the right to conduct any test/inspection it may deem advisable to ensure services/materials/supplies/equipment, as appropriate, conform to specifications.

6. Pursuant to North Carolina General Statutes Section 143-129, “award shall be made to the lowest responsible, responsive bid or bidders, taking into consideration quality, performance and the time specified in the proposals for the performance of the contract.”
7. The materials/supplies/equipment furnished under any resulting contract shall be covered by the manufacturer’s most favorable commercial warranty. Each Proposer shall plainly set forth the warranty for the goods in the proposal. Operations and maintenance manuals for equipment shall also be provided, as appropriate.
8. All purchases for goods or services are subject to the availability of funds for this particular purpose.
9. The Service Provider shall not represent itself to be an agent of the County.
10. The General Statutes of the State of North Carolina, insofar as they apply to purchasing and competitive bidding, are made a part hereof.
11. The County of Moore is committed to creating and maintaining an environment free from harassment and other forms of misconduct that fundamentally compromise the working environment of the County. All Service Providers performing work/services at a County Detention Center shall take all necessary steps to assure that none of its employees engage in harassment or intimidation relating to personal beliefs or characteristics of anyone on the County’s premises, including but not limited to, race, religion, age, color, sex, national origin or disability. Such harassment is unacceptable and will not be condoned in any form at the County of Moore. If such conduct occurs, the Service Provider will take all necessary steps to stop it and prevent its future occurrence. This policy shall be strictly enforced.
12. For all the work being performed under this Contract, the County of Moore has the right to inspect, examine, and make copies of any and all books, accounts, records and other writing relating to the performance of the work. Audits shall take place at times and locations mutually agreed upon by both parties, although the vendor/Service Provider must make the materials to be audited available within one (1) week of the request for them.
13. All Proposers must complete and submit the Vendor Form with their proposal package. This information will be used to create or update the County’s vendor file.
14. Proposers are cautioned that this is a request for proposals, not a request for contract, and the County of Moore reserves the right to reject any and/or all proposals. It further reserves the right to waive informalities insofar as it is authorized so to do where it deems it advisable in protection of the best interests of the County.

15. Proposals will be evaluated and a recommendation presented to the County of Moore Board of Commissioners for their approval.
16. Any and all exceptions to the Specifications must be stated in writing, giving complete details of what is to be furnished in lieu of requested Specifications.
17. The County of Moore reserves the right to cancel and terminate any resulting contract, in whole or in part, without penalty, upon thirty (30) days notice to the Vendor(s). Any contract cancellation shall not relieve the Vendor(s) of the obligation to deliver any outstanding services issued prior to the effective date of the cancellation.
18. **Sealed Proposals in one (1) original and two (2) copies will be received from each Proposer in a sealed envelope or package. Each original shall be signed and dated by an official authorized to bind the form. Unsigned proposals will not be considered.**
19. Upon receipt by Moore County Financial Services, your Proposal is considered a public record except for material which qualifies as “trade secret” information under N.C. Gen. Stat. 66-152 et. seq. After the Proposal opening, your Proposal may be reviewed by the County’s evaluation committee, as well as other County staff and members of the general public who submit public records requests. To properly designate material as trade secret under these circumstances, each Proposer must take the following precautions: (a) any trade secrets submitted by a Proposer must be submitted in a separate, sealed envelope marked “Trade Secret — Confidential and Proprietary Information — Do Not Disclose Except for the Purpose of Evaluating this Proposal,” and (b) the same trade secret/confidentiality designation must be stamped on each page of the trade secret materials contained in the envelope.

In submitting a Proposal, each Proposer agrees that the County may reveal any trade secret materials contained in such response to all County staff and County officials involved in the selection process, and to any outside consultant or other third parties who serve on the evaluation committee or who are hired by the County to assist in the selection process. Furthermore, each Proposer agrees to indemnify and hold harmless the County and each of its officers, employees, and agents from all costs, damages, and expenses incurred in connection with refusing to disclose any material which the Proposer has designated as a trade secret. Any Proposer that designates its entire Proposal as a trade secret may be disqualified.

SCOPE OF SERVICES

1. INTRODUCTION AND BACKGROUND:

The maximum capacity of the Moore County Detention Facility is 192 inmates. Presently, the detention facility averages 143 inmates on a monthly basis. The average incarceration period per inmate is 16 days confined.

2. INTENT:

It is the intent of the County to solicit proposals for Medical Care Services for the inmate population housed in the Detention Center. The County will select a Service Provider that best satisfies the County's requirements for inmate medical care. It is emphasized that the selection of an inmate medical care provider ultimately resides with the County Board of Commissioners.

3. SCOPE OF WORK AND SERVICES:

3.1 The Service Provider shall be responsible for every facet of the Health Care Delivery System at the Detention Center and shall conduct said program in full compliance and in accordance with recognized standards, laws, ordinances, rules and regulations of federal, North Carolina, and authorities that may be applicable. The cost of psychiatric and psychological services will be covered by the Service Provider. Costs of drugs prescribed for mental health conditions (psychotropics) will be covered by the Service Provider. The Service Provider shall be responsible for all medical and dental care for all inmates of the Detention Center. The responsibility for providing health care commences with the physical booking and placement of an inmate in the Detention Center and ends with the discharge of the inmate from custody and from the Detention Center.

3.2 The health care delivery system must conform with North Carolina standards for medical services and be generally compliant with NCCHC Standards.

3.3 The successful Service Provider will be required to deliver quality health care that can be audited against established standards, in a cost effective manner, with full reporting and accountability to the County Sheriff's Office and the County Board of Commissioners.

3.4 The Service Provider will implement a written health care plan with clear objectives, policies, procedures, and an annual evaluation of compliance.

3.5 The Service Provider will insure that appropriate staff is available to provide the health care services as defined in the proposal. The Service Provider will be required to provide at a minimum:

3.5.1 Full staffing for the Detention Center, using only licensed and professionally trained personnel to provide health care coverage, either on-site or on-call, twenty-four (24) hours a day, seven (7) days a week; (specific on-site staffing hours must be presented in Section 5 of the proposal).

- 3.5.2 Maintain an open and cooperative relationship with the administration and staff at the Sheriff's office;
- 3.5.2 Provide a comprehensive program for continuing staff education;
- 3.5.3 Maintain complete and accurate records of care and to collect/analyze health statistics on a regular basis;
- 3.6 Operate the health care program in a humane manner with respect to the inmates' rights to basic health care services.

4. DELINEATION OF SECURITY RESPONSIBILITIES:

The primary responsibility for inmate custody and security within the Detention Center rests with the staff of the Sheriff's Office. The Service Provider shall have primary responsibility in all matters pertaining to medical, dental treatment, and care of inmates. Everyone who works in the Detention Center has a responsibility for security. The Service Provider shall be responsible for security of all material and equipment in Service Provider's work area which if in the hands of an inmate that would be considered contraband and could present a danger to staff, inmates, or himself. On matters of mutual concern, Sheriff's Office Staff shall support, assist and cooperate with the Service Provider, and the Service Provider shall support, assist and cooperate with the Sheriff's staff whose decision in non-medical matters and matters involving safety of staff, inmates, and security of the Detention Center shall be final. All decisions involving the exercise of medical and/or dental judgment still are the responsibility of the Service Provider.

5. GENERAL HEALTH CARE SERVICE REQUIREMENTS:

5.1 Service Provider shall identify the need, schedule, administer, and coordinate and pay for all non-emergency and emergency medical care rendered to inmates inside or outside the Detention Center. Service Provider shall administer emergency medical care at the Detention Center to any employee or visitor of the Detention Center who requires such care. Service Provider shall identify the need, schedule, coordinate, administer, and pay for any inpatient hospitalization of any inmate of the Detention Center subject to the defined catastrophic limits. This shall include all institutional charges, physician charges and any and all other additional charges. This also includes responsibility for making emergency arrangements for ambulance service to the inpatient Detention Center and reimbursement to the local ambulance organization for the services provided.

5.1.1 Service Provider shall define any catastrophic limits and/or any other cost limits or exclusions, and how these limits would be accounted for, in the proposal submitted.

5.1.2 Service Provider shall identify the need, schedule, coordinate, administer, and pay for all physician services rendered to inmates inside or outside the Detention Center. At a minimum, Service Provider shall identify a qualified medical professional who shall conduct sick call and generally provide such care

as is available in the community. A covering physician or a qualified medical professional shall be on all seven (7) days per week, twenty-four (24) hours per day for emergency situations.

5.1.3 Service Provider shall identify the need, schedule, coordinate, administer, and pay for all supporting diagnostic examinations, both inside and outside the Detention Center for inmates. Service Provider shall also provide and pay for all laboratory services, as indicated.

5.1.4 Service Provider shall provide the necessary follow-up for health problems identified by any of the screening tests or laboratory tests. This would include inpatient or outpatient hospitalization, appropriate monitoring and prescription of appropriate medications, consultations with specialty physicians, etc.

5.1.5 Once an inmate has been medically stabilized and committed to the Detention Center, Service Provider will be financially responsible for the cost of all medical treatment for health care services regardless of the nature of the illness or injury or whether or not the illness or injury occurred prior to or subsequent to the individual's incarceration at the Detention Center. An inmate shall be considered medically stabilized when the medical condition no longer requires immediate emergency medical care or outside hospitalization so that the inmate can be reasonably housed inside the Detention Center.

6. EXCEPTIONS TO TREATMENT

6.1 The Service Provider will not be financially responsible for the cost of any medical treatment or health care services provided to any inmate prior to the inmate's formal booking and commitment into the Detention Center. Furthermore, Service Provider will not be financially responsible for the costs of any medical treatment or health care services provided to medically stabilize any inmate presented at booking with a life threatening injury or illness or in immediate need of emergency medical care.

6.2 The Service Provider shall not be financially responsible for significant changes in treatment standards, including those associated with the approval of new drug classes, new diagnostics tests or new surgical procedures if such costs are expected to exceed two percent (2%) of the contract amount exclusive of population increases.

6.3 The Service Provider shall not be responsible for medical costs associated with the medical care of any infants born to inmates. The Service Provider shall provide health care services to pregnant and post-partum inmates, but health care services provided to an infant following birth will not be the responsibility of the Service Provider or County.

6.4 The Service Provider will not be responsible for any medical testing or obtaining samples which are forensic in nature.

6.5 Elective Medical Care: The Service Provider will not be responsible for

providing elective medical care to inmates. For purposes of the Agreement, “elective medical care” means medical care which, if not provided, would not, in the opinion of Service Provider’s Medical Director, cause the inmate’s health to deteriorate or cause definite harm to the inmate’s well being. Any referral of inmates for elective medical care must be reviewed by the Sheriff or his designee prior to provision of such services.

6.5.1 Inmates outside the Facilities Health care services are intended only for those inmates in the actual physical custody of the Detention Center. This includes inmates under guard in hospitals or under guard outside the Detention Center. Such inmates will be included in the daily population count. No other inmates, including those in hospitals who are not under guard or were hospitalized prior to commitment to the Detention Center, shall be the responsibility of Service Provider nor shall such inmates be included in the daily population count.

6.5.2 Inmates on any sort of temporary release, including, but not limited to, inmates temporarily released for the purpose of attending funerals or other family emergencies, inmates on escape status, inmates on pass, parole or supervised custody who do not sleep in the Detention Center at night, will not be included in the daily population count, and will not be the responsibility of Service Provider with respect to the payment or furnishing of health care services. The cost of medical services provided to inmates who become ill or are injured while on temporary release will not be the financial responsibility of Service Provider after the inmate’s return to the Detention Center. This relates solely to the costs relating to the particular illness or injury incurred while on such temporary release. The cost of medical services for other illnesses and injuries will be the responsibility of the Service Provider.

7. COMPREHENSIVE HEALTH ASSESSMENT:

Service Provider shall perform a comprehensive health assessment on any inmate confined at the Detention Center within fourteen (14) calendar days of the arrival of the inmate at the Detention Center. Such assessment shall be performed by a qualified medical professional. At a minimum, the comprehensive health assessment shall include:

7.1 Standard history and physical exam

7.2 Screening test for communicable disease, as well as urinalysis will be performed, as clinically indicated

7.3 Additional lab work as directed by the physician for particular medical or health problem

7.4 Additional tests as required, based on the original screening tests

7.5 The health assessment of females will also include inquiry about menstrual cycle and unusual bleeding, the current use of contraceptive medications, the presence of an IUD, breast masses, and nipple discharge, and possible pregnancy

7.6 Any abnormal results of the health assessment shall be reviewed by a physician.

8. Medical Health Care Services

8.1 The Service Provider shall be responsible for all medical health care orders. The Service Provider shall provide appropriate and qualified health care professionals to visit the Detention Center as needed to provide comprehensive medical care, i.e., diagnosis, treatment, prescription of appropriate medications and/or other treatment as may be indicated.

8.2 The Service Provider shall provide a qualified health care professional to be call as required to provide guidance for emergency treatment of inmates at the Detention Center on a 24-hour basis.

8.3 Provide diagnosis or referrals to health facilities for those inmates requiring more extensive treatment.

8.4 Advise Detention Center administrators of any potential situation which could place inmates and staff in jeopardy.

9. Dental Services:

Service Provider shall provide the dental program for the entire inmate population. The program shall be limited to urgent cases only. This dental service shall be provided off-site.

10. Pharmaceutical Services

10.1 Service Provider shall provide a total pharmaceutical system for the Detention Center beginning with the physicians prescribing of medication, the filling of the prescription, the dispensing and administration of medication, and the necessary record keeping.

10.2 The system shall include prescription medications and over-the-counter medications. All medications shall be prescribed by the responsible physician or dentist and shall be administered by licensed medical staff.

10.3 Delivery of prescription and over the counter medications will not exceed 24 hours. In the case of emergencies, delivery shall be immediate.

11. Training by Service Provider for Detention Center Staff.

Service Provider will work with the Detention Center staff to provide educational materials and instructions on a variety of necessary medical issues including, but not limited to, CPR and first aid, response to an emergency or disaster gns and symptoms of mental illness, alcohol and drug withdrawal, chronic illness such as diabetes or epilepsy and transmission of HIV and other communicable diseases. Detention Center's

employees may be included in any in-service offerings which are available to the medical staff

12. Waste Management:

The Service Provider will be responsible and provide a method of appropriate disposal of contaminated and/or regulated medical waste including needles, syringes, and other materials used in the treatment of inmates.

13. POLICIES AND PROCEDURES

13.1 Policies and Procedures of the Service Provider relating to the Detention Center's Health Care Delivery System (including medical, psychiatric, psychological, and dental care) are generally to be established and implemented solely by the Service Provider. The Service Provider shall develop and implement policies which ensure appropriate comprehensive health care in full compliance with and in accordance with recognized standards, laws, ordinances, rules and regulations of Federal, State, and Local authorities that may be applicable. The Policies and Procedures of the Service Provider are subject to approval of the Moore County Sheriff's Office.

13.2 Moore County Sheriff's Office retains the right to review and approve Policies and Procedures of the Service Provider in any other area affecting the performance of his/her responsibilities under law.

13.3 Service Provider shall maintain complete, accurate, and confidential medical and dental records separate from the Detention Center confinement records of the inmate in compliance with all laws and regulations. In any criminal or civil litigation where the physical condition of an inmate is at issue, or where medical care is at issue, Service Provider shall provide the Sheriff or his designee with access to such records, and upon request, provide copies as authorized by law.

14. SERVICE PROVIDER'S PERSONNEL:

14.1 Service Provider must recruit, interview, hire, train and supervise all health care staff. Such health care staff must be adequate to meet all conditions and specifications of this contract. All medical staff providing services under this contract must have pre-approved criminal background checks and be licensed to practice in the State of North Carolina. Minimum staffing levels on-site at the Detention Center consists of:

1. A full-time RN nurse administrator will be needed to serve as the primary liaison between the provider and the Moore County Detention Center administrative staff and the Sheriff's Office. This RN nurse administrator will coordinate the delivery of health services within the Detention Center. This RN nurse administrator will be on site four hours each week, working an average of 8 hours each weekday, excluding holidays.
2. A part-time RN nurse or LPN nurse will be needed to provide medical services on weekends and holidays working an average of four hours per day to review intake

screening forms, see any inmate with urgent needs, and prepare medications for officers to pass to inmates.

3. A physician or physician's assistant will visit the Detention Center each week or as needed to see those inmates who are referred through a triage process.

14.2 The Detention Center will take all reasonable, usual and customary steps necessary to screen healthcare personnel to insure that such personnel will not constitute a security risk to the Detention Center or to the inmates. Service Provider will perform and pay for drug screening on healthcare personnel, as requested, to the same extent and routine as Detention Center does on security personnel.

14.3 Service Provider will maintain copies of licenses of all medical staff members assigned to the Detention Center at the time each staff member is assigned, and make these available to the County on request.

14.4 Service Provider shall base proposal on the assumption that the average daily inmate population will not exceed 150 as a monthly average in the first year, 155 as a monthly average in the second year, 155 as a monthly average in the third year, 160 as a monthly average in the fourth year and 160 as a monthly average in the fifth year.

14.5 The Service Provider shall at all times maintain the on-site minimum staffing requirements at the levels offered in the proposal.

14.6 All on site health care personnel who provide services shall receive orientation in security procedures.

14.7 Service Provider's appropriate medical health personnel shall attend and participate in Detention Center staff meetings when requested.

14.8 Service Provider agrees that in the event the Detention Center, in its discretion, is dissatisfied with any of the individual subcontracted physicians or personnel provided under this contract, the Detention Center may give written notice to Service Provider of such fact and the reasons thereof, and if the problem cannot be resolved, Service Provider agrees to remove the individual about whom dissatisfaction has been expressed by the Detention Center and to make arrangements to cover that position until other appropriate personnel can be found.

14.9 Inmates shall not be employed or otherwise engaged by either Service Provider or County in the direct rendering of any health care services.

14.10 In the event Service Provider's personnel are required to devote time with regard to litigation or threatened litigation by or on behalf of County, this shall be part of their service time pursuant to this agreement.

14.11 Service Provider shall not require any type of non-competition agreement from any of its employees or SubService Providers during the term of the contract with County.

15. DETENTION CENTER REQUIREMENTS:

15.1 Building and Equipment:

Detention Center will provide, install, maintain, repair, replace when necessary, and permit Service Provider to use all medical equipment within the Detention Center. The Detention Center will provide, maintain and repair the building structure in areas assigned to Service Provider, including necessary painting, maintenance of water, steam, refrigeration, sewer, electrical lines, ventilation, air conditioning, lighting, heating, duct work, floor and floor covering, walls and ceiling; provided however, that the Service Provider shall bear the expense of repairs necessary because of the negligence of Service Provider or its employees. The Detention Center will provide all security, pest control, housekeeping, sanitation (including walls, floors, and fixtures but excluding sanitation of equipment and non-disposable supplies), and utilities (including all local telephone costs, but excluding long distance telephone costs which Service Provider shall reimburse the County) necessary for the operation in the areas used by Service Provider for the performance of the specifications within this RFP and the Service Provider's proposal submitted in response to the RFP.

15.2 As part of the RFP process, Service Provider has had the opportunity to inspect the Detention Center and medical office space and agrees that such space and facilities are sufficient for its agents, employees, and SubService Providers to perform all of the obligations required under this Agreement.

15.3 The Sheriff/Detention Center will continue to maintain all County equipment necessary for the performance of this contract by Service Provider in working order during the term of this Agreement. If additional major equipment is required by Service Provider during the term of this Agreement, it shall be the responsibility of Service Provider to notify the Sheriff/Detention Center of a need for major equipment (defined as \$500.00 or more per piece). One year notice is required for budget purposes.

16. FOOD, LINEN, AND OTHER SERVICES:

The County will provide daily housekeeping services, dietary services, building maintenance services, personal hygiene supplies and services, and linen supplies for each inmate receiving health care services.

17. PRE-CONTRACT INVENTORY:

The County will provide to Service Provider control of all County medical and office equipment and supplies in place at the Detention Center's health care unit. At the termination of this or any subsequent Agreement, Service Provider will return to the Detention Center control of all supplies, medical and office equipment, in working order, reasonable wear and tear accepted, which were in place at the Detention Center's health care unit prior to the commencement of services under this Agreement.

18. REPORTS PROVIDED TO DETENTION CENTER BY SERVICE PROVIDER:

18.1 Service Provider shall submit monthly reports as requested to a designated representative of the County concerning the overall operation of the healthcare services program and on the general health of persons committed to the custody of the institution.

18.2 Service Provider shall regularly confer with the Sheriff/Detention Center concerning existing health-related procedures within the institution; any proposed changes in health related procedures and any other matter which either party deems appropriate.

19. SERVICE PROVIDER COMPENSATION

19.1 Base Compensation: The County shall pay to the Service Provider the annual base amount in twelve (12) equal monthly installments. Service Provider shall invoice the County thirty (30) days prior to the month in which services are to be provided. The County agrees to pay Service Provider by the tenth day of the month in which services will be rendered. In the event his Agreement should commence or terminate on a date other than the first or last day of any calendar month, compensation to Service Provider will be prorated accordingly for the shortened month.

19.2 Increases in Inmate Population: If at any time during the contract term the monthly average daily inmate population exceeds the inmate population for that period of the term of the contract (as stated in Section 1.7.4), the County shall pay a per diem (per inmate per day) for that month on the excess. Service Provider shall state in his proposal the per diem amount for each year of the contract. A copy of the Detention Center daily population report will be provided to the Service Provider each day. At the end of the month, the sum of the daily population divided by the days in that month will determine the daily inmate population. If the daily average inmate population exceeds the stated contract daily inmate population, the excess inmate population will be multiplied by the per diem and then multiplied by the number of days in the month. The additional compensation for the overage will be payable following the month of the occurrence upon submission of a separate invoice by Service Provider and verification by County.

PROPOSAL REQUIREMENTS

The proposal submitted shall include, but not limited to, the following:

1. Statement by the proposer of understanding of the scope of work and complete description of the approach to perform this service;
2. The firm's experience in providing these services;
3. A list of comparable organizations for which the firm has provided similar services during the last 24 months, including names and phone numbers of client contacts.
4. One individual designated as point of contact for questions or requests.
5. A schedule of fees and payment terms applicable to services proposed.
6. Completed Proposal Form with cost per year for a total of five years of service
7. Completed Non-Collusion Affidavit, E-Verify Affidavit, Vendor Application and W-9 Form
8. Any other documentation requested within this proposal document.

EVALUATION PROCESS

The deadline for receipt of sealed proposals is 4:00 pm Thursday December 10, 2015. County of Moore staff will review all submitted proposal packages that adhere to the requirements contained in this document. Opening will not be public.

Selection and negotiation shall be in accordance with the County Policy with the lowest responsible, responsive bidder, taking into consideration quality, performance, and the time specified in the bids for the performance of the contract. The County desires that the responding vendors provide these medical services and not sub-contract out this work to other providers.

All inquiries should be directed to Moore County Financial Services, 206 S. Ray Street, Carthage, NC 28357, and at telephone number (910) 947-7118.

The County of Moore hereby reserves the right to waive any and/or all informalities and to reject any and/or all proposals.

PROPOSAL FORM

The County of Moore requests your proposal to provide Medical Care Services for the County of Moore Detention Center as outlined in the Scope of Service. Opening will not be public.

Proposals will be received until 4:00 pm Thursday December 10, 2015 at Financial Services, 206 S. Ray Street, Carthage, NC 28327.

Use this form for submitting proposals. In submitting your proposal, keep in mind that any alterations, changes in proposal format, etc. will make it difficult to evaluate proposals. All items should be in the units, quantities, units of measurements, etc. specified. Do not submit alternates unless requested. The County of Moore shall reserve the right to reject any and/or all proposals.

Fiscal Year	Avg Monthly Population	Total Annual Cost	Per Diem in Excess of Avg Mthly Population (per inmate/per day)
July 1, 2016 - June 30, 2017	150		
July 1, 2017 – June 30, 2018	155		
July 1, 2018 – June 30, 2019	155		
July 1, 2019 – June 30, 2020	160		
July 1, 2020 – June 30, 2021	160		

On behalf of _____ (Proposer), I am submitting a proposal for medical care services for the County of Moore Detention Center.

I certify that the contents of this proposal are known to no one outside the undersigned, and to the best of my knowledge all requirements have been complied with.

Date _____ Authorized Signature _____

Receipt of the following addendum is acknowledged:

Addendum No. _____ Date: _____

Addendum No. _____ Date: _____

NON-COLLUSION AFFIDAVIT

North Carolina of North Carolina
County of Moore

I _____, being first duly sworn, deposes and says that:

He/She is the _____ of _____, the
proposer that has submitted the attached proposal;

He/She is fully informed respecting the preparation and contents of the attached proposal
and of all pertinent circumstances respecting such proposal;

Such proposal is genuine and is not a collusive or sham proposal;

Neither the said Proposer nor any of its officers, partners, owners, agents, representatives,
Employees or parties of interest, including this affiant, has in any way colluded,
conspired, connived or agreed, directly or indirectly, with any other Proposer, firm or
person to submit a collusive or sham proposal in connections with the contract for which
the attached proposal has been submitted or to refrain from bidding in connection with
such contract, or has in any manner, directly or indirectly, sought by agreement or
collusion or communication or conference with any other Proposer, firm or person to fix
the price or prices in the attached proposal or of any other Proposer or to fix overhead,
profit or cost element of the proposal price of any other Proposer or to secure through
collusion, conspiracy, connivance or unlawful agreement any advantage against the
County of Moore or any person interested in the proposed contract; and

The price or prices quoted in the attached proposal are fair, proper and are not tainted by
any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer
or any of its agents, representatives, owners, employees, or parties in interest, including
this affiant.

Signature and Title

North Carolina of North Carolina
County of _____
Subscribed and sworn before me,
This ____ day of _____, 2015

Notary Public
My commission expires _____

Moore County E-Verify Affidavit

STATE OF NORTH CAROLINA

AFFIDAVIT

COUNTY OF MOORE

I, _____ (the individual attesting below), being duly authorized by and on behalf of _____ (the entity bidding on project hereinafter "Employer") after first being duly sworn hereby swears or affirms as follows:

1. Employer understands that E-Verify is the federal E-Verify program operated by the United States Department of Homeland Security and other federal agencies, or any successor or equivalent program used to verify the work authorization of newly hired employees pursuant to federal law in accordance with NCGS §64-25(5).
 2. Employer understands that Employers Must Use E-Verify. Each employer, after hiring an employee to work in the United States, shall verify the work authorization of the employee through E-Verify in accordance with NCGS§64-26(a).
 3. Employer is a person, business entity, or other organization that transacts business in this State and that employs 25 or more employees in this State. (mark Yes or No)
 - a. YES _____, or
 - b. NO _____
 4. Employer's subcontractors comply with E-Verify, and if Employer is the winning bidder on this project Employer will ensure compliance with E-Verify by any subcontractors subsequently hired by Employer.
- Executed, this ____ day of _____, 2015.

Signature of Affiant
Print or Type Name: _____

State of North Carolina

County of _____

Signed and sworn to (or affirmed) before me, this the ____
day of _____, 2015.

My Commission Expires:

Notary Public

(Affix Official/Notarial Seal)



Vendor Application

County of Moore

Financial Services – Purchasing Division

PO Box 905

Carthage, NC 28327

Phone: (910) 947 - 7118

Fax: (910) 947 - 6311

Please Type or Print Legibly

Federal ID # _____ SS # _____ Vendor # _____

Vendor Name

Date

ORDER ADDRESS		PAY ADDRESS	
Street		Street	
Street		Post Office Box	
City		City	
State	Zip Code	State	Zip Code

CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER
----------------	------------------	------------

YEAR ESTABLISHED	TERMS	DISCOUNT
------------------	-------	----------

CONTRACTOR'S LICENSE # (if applicable)	SIGNATURE
	EMAIL ADDRESS:

This firm certifies that it is a: (if applicable)

☐ Disabled

☐ Minority Business Enterprise

☐ Women Business Enterprise

To qualify for MWBE status, 51% of the company must be owned and controlled by minority groups or women. For the purpose of this definition, minority group members are Black Americans, Hispanic Americans, American Indians and/or American Women. To qualify for Disabled status, 51% of the company must be owned and controlled by disabled persons.

Product(s) and/or Service(s)

Please list the type product(s) and/or Service(s) that your company can provide.

_____	_____	_____
_____	_____	_____

References

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ <i>Note.</i> For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) ▶ Exemption from FATCA reporting code (if any) ▶ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	6 City, state, and ZIP code	
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number																					
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Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/w9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.